LICENSING RECORD CLEARANCE REQUEST STATE OF Michigan Department of Information Technology Department of Human Services Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: - Please rade the accompanying instructions before completing this form Please type or print CLEARLY so that the information completed can be read Mail completed form to BCAL Central office SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultantworker)	DIDECTIONS FOR COMPLETING FORM.						CAN EII	ICEDI	DDINIT	DECLIEST	
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THE PERSON BEING FINGERPRINTED IS: Applicant Licensee		'E	_	•				. . –			
Applicant	_										
SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326) NAME (Last, First, Middle Jr., II, etc.) SEX BIRTH DATE SOCIAL SECURITY NUMBER MARITAL STATUS GIVEN AND AND AND AND AND AND AND AND AND AN		_					to license	۵۵).			
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LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

- 1. Produce a Department of State Police check regarding the possible existence of a conviction record.
- 2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
- Produce a BCAL Files check against current or previous licensee status of the applicant in any county of the state.
- 4. Live Scan Fingerprint Request is required for foster home or adoptive applicants and licensees. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. Note: The TCN# will be filled in by the Fingerprint Specialist and must be inserted prior to submitting application to BCAL.

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY: 1973 PA 116 COMPLETION: Required

CONSEQUENCE: Licensure may be denied.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.